

Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

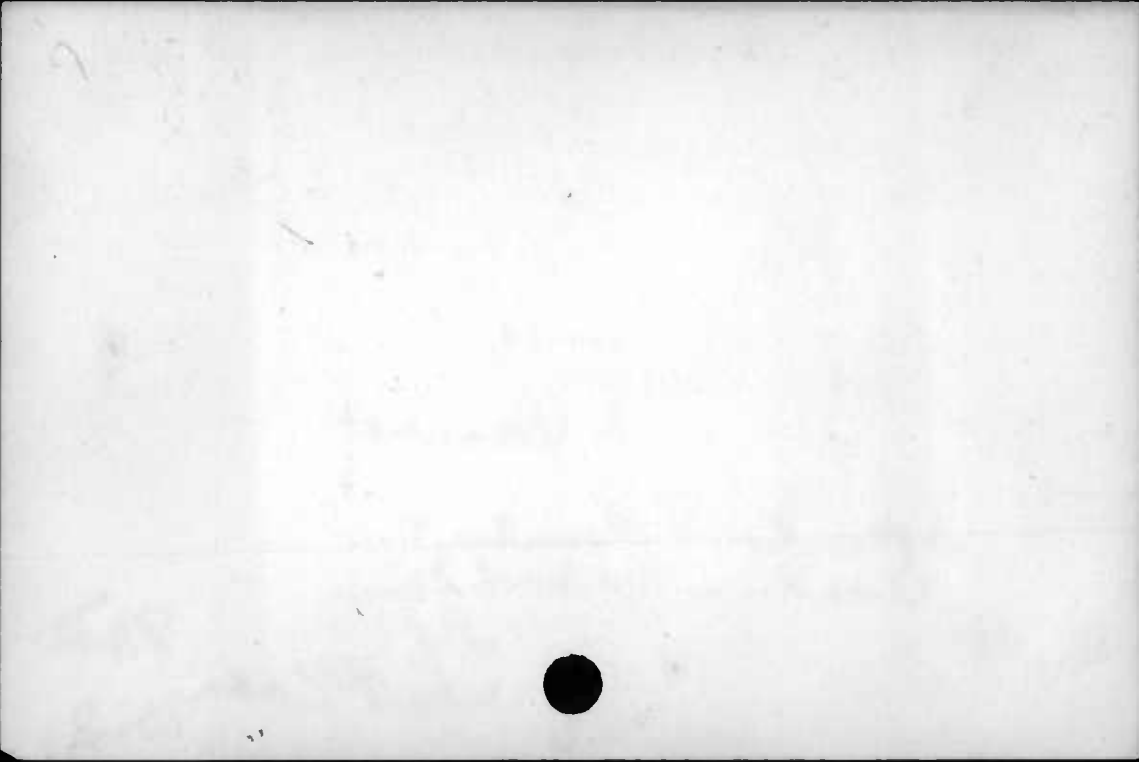
Died at <i>Bel Air</i>		Town <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sep</i>	Day <i>20</i>	Age <i>56</i>	Years <i>—</i>	Months <i>—</i>	Days <i>56</i>	
Sex <i>Female</i>		Color or Race <i>American</i>		Birth place <i>Washington D.C.</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Richard Henry Beall</i>				Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name <i>Margaret Sarah Cath. Smart</i>				Mother's Birthplace <i>Charles Co</i>			
Name of person giving information <i>Mrs. M. E. Beall</i>				How related to deceased <i>Grand Mother</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>Since Birth</i>
Immediate <i>Heart infection</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. ...</i>
 Accident or Suicide?	Address <i>Bel Air Md</i>



Name
in
Full

John H Boswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

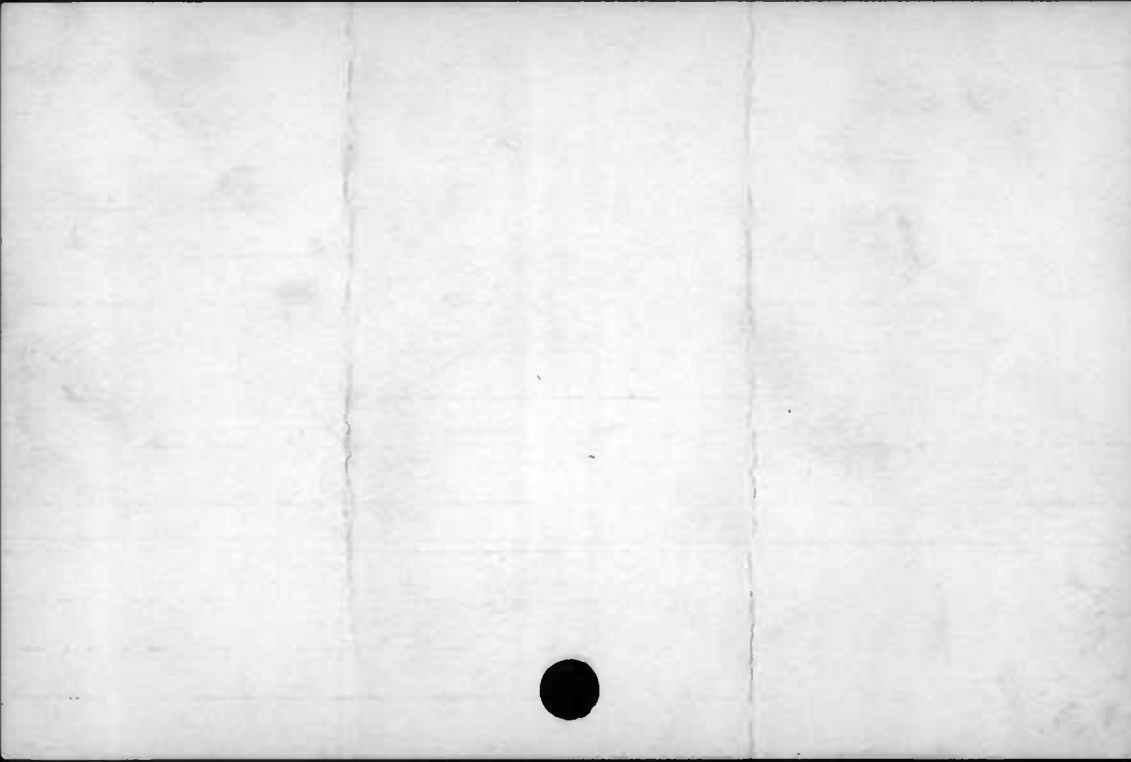
Died at <i>Pomunkey</i> Town		County <i>Charles</i>		MARYLAND	
Date of death 190	Month <i>7</i>	Day <i>9</i>	Age <i>about 50</i>	Months	Days
Sex <i>m</i>	Color or Race <i>White</i>		Birth place <i>md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Farm</i>			
Name of Wife or Husband					
Father's Name <i>Samuel Boswell.</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Hannah Boswell</i>			How related to deceased		

CAUSES OF DEATH

(106)

PHYSICIAN
OR CORONER

Primary <i>Inflammation of Bowels</i>	How long
Immediate <i>Aschemia and Heart Disease</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. L. Hannon M.D.</i>
	Address <i>La Plata Md.</i>
Accident or Suicide?	



Name
in
Full

George Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

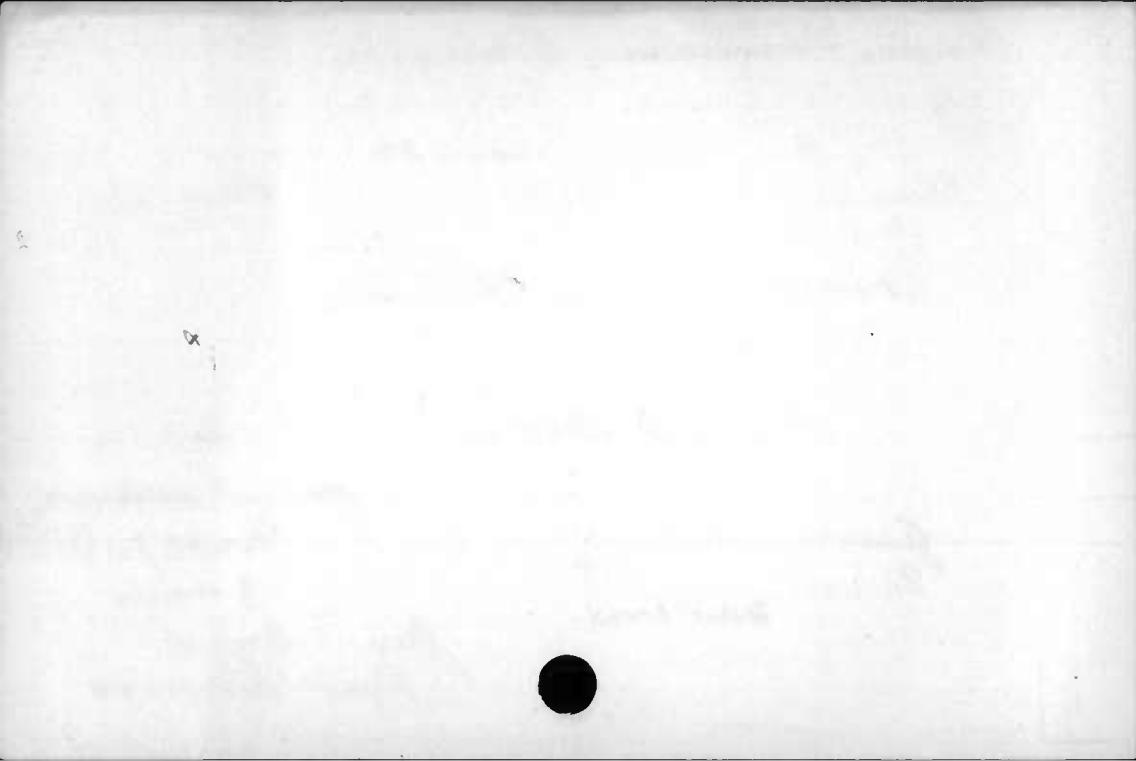
Died at <i>Transferry</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Sept</i> ^{Month}	<i>5</i> ^{Day}	Age <i>Years</i>	<i>3</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Transferry, Md</i>		
Occupation <i>(blank)</i>		Where Residing if not at place of death <i>(blank)</i>			
Married, Single or Widowed <i>(blank)</i>		Name of Wife or Husband <i>(blank)</i>			
Father's Name <i>John Bowie</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Angie Bowie</i>		Mother's Birthplace <i>9, Md</i>			
Name of person giving information <i>Peater Rindrick</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary	<i>Infantile Tetanus</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature <i>Wm. James M. Wheeler</i>
		Address <i>Sub-Registrar Bryant Md</i>
Accident or Suicide? <i>(blank)</i>		



Name
in
Full

Ann Saunders Brauville

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

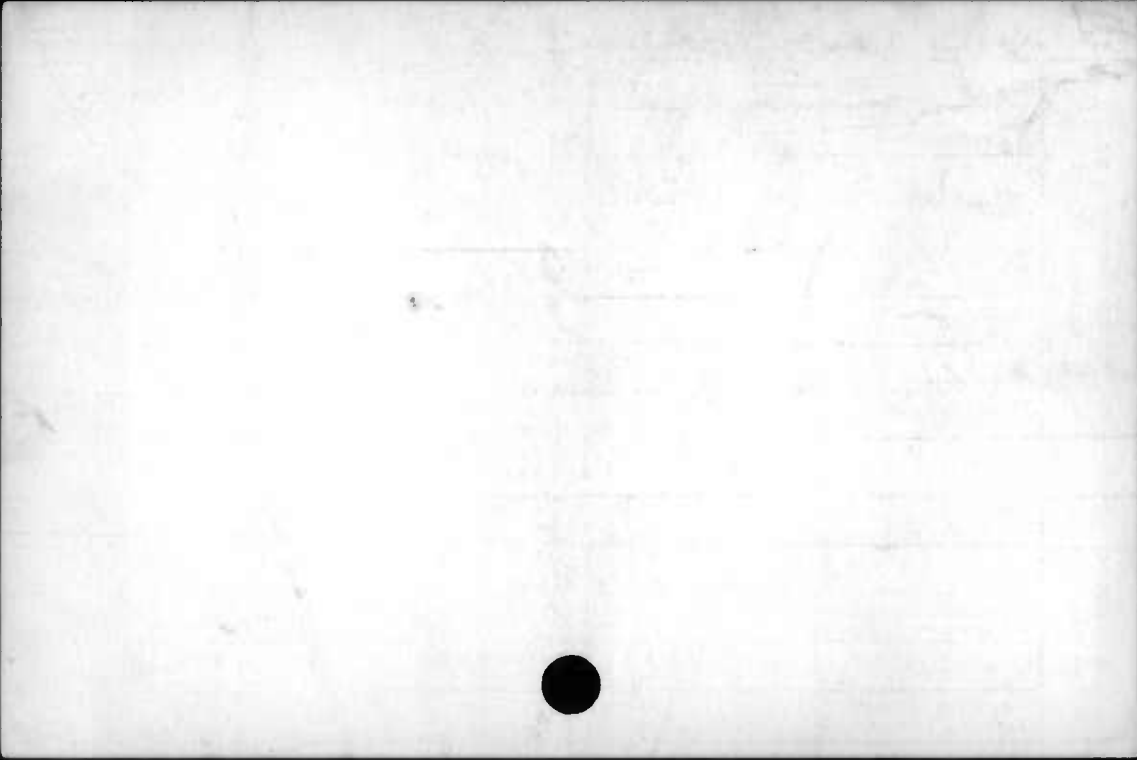
Died at <i>near M^o Conchie</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>9</i>		Day <i>9</i>		Age <i>about 80</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Chas Co</i>			
Occupation <i>Midwife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Husband <i>Samuel Saunders</i>		Father's Name <i>Saunders</i>		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>Richard Dean</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastric ulcer</i>	How long	<i>About a week</i>
Immediate	<i>Exhaustion</i>	How long	<i>Trouble for several years</i>
Are the name, age, sex, color, date and place correctly given above?		3 days	
Signature of Physician <i>Jno. T. Siggs</i>		Address <i>Port Tobacco</i>	
Accident or Suicide? <i>—</i>			

(103)



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

James Brown

Town

County

Died at Waldorf

Charles

Date

of death 1907

Sept-

Day

18

Age

Years

22

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Pinwood Cutter

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Harry Brown

Father's
Birthplace

Ind.

Mother's
Maiden Name

Olevia Hunt-

Mother's
Birthplace

Ind.

Name of person giving
In formation

Frank Brown

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

Six or eight months

Immediate

Exhaustion

How long

Short while

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

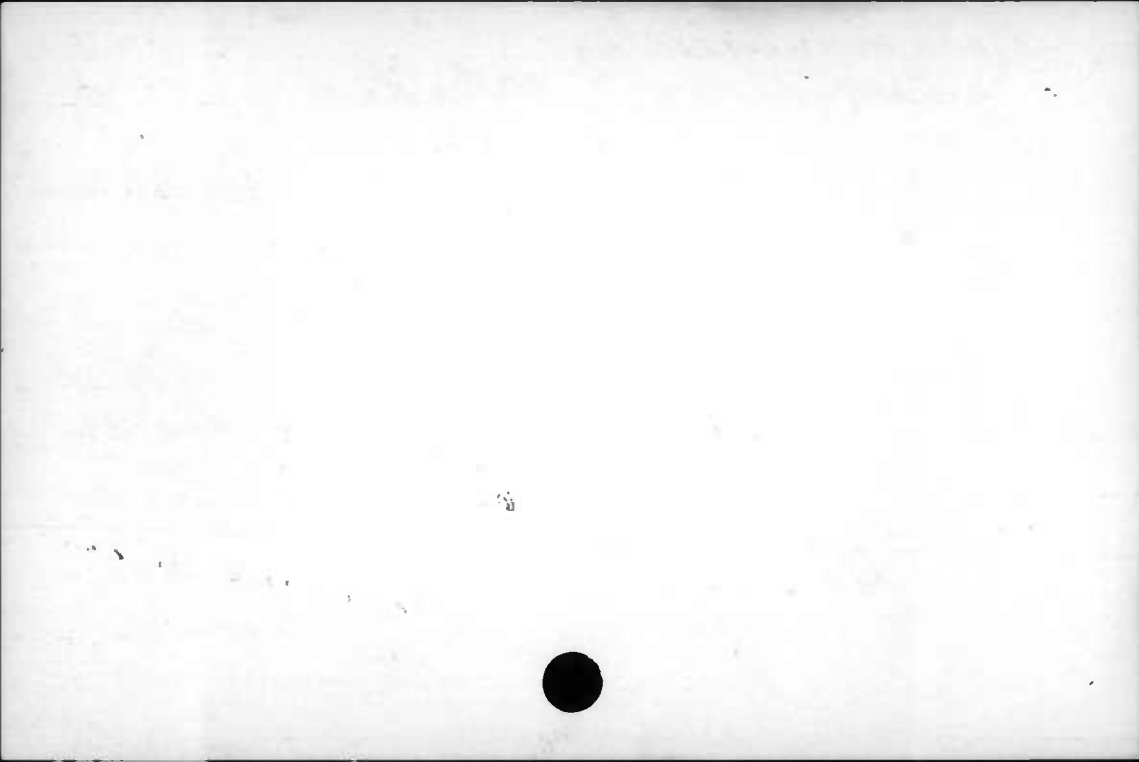
J. O. Brown

Address

Waldorf,

Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

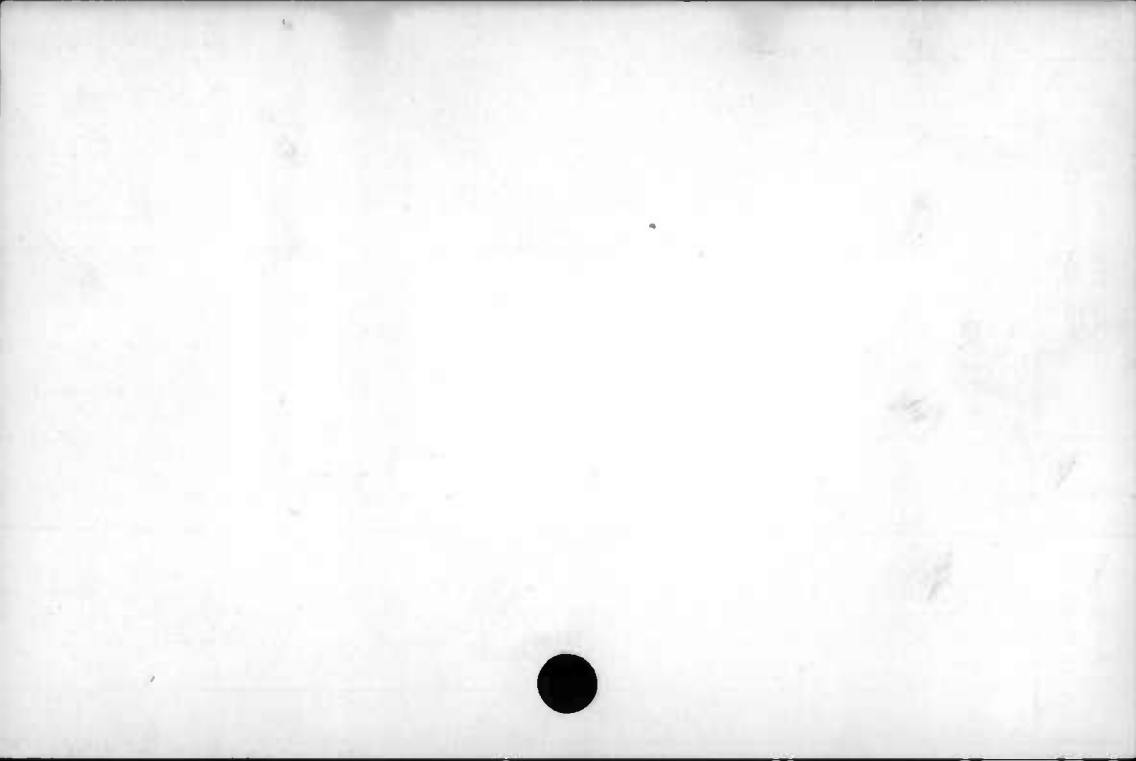
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Richard Butler</i>		Town <i>Bryantown</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Bryantown</i>		Month <i>9</i>		Day <i>17</i>		Age <i>7</i>	
Date of death <i>1907</i>		Month <i>9</i>		Day <i>17</i>		Months <i>3</i>	
Sex <i>Male</i>		Color of Race <i>Black</i>		Birthplace <i>Bryantown Md</i>			
Occupation <i></i>				Where Residing if not at place of death <i>Md</i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Joseph Butler</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Bessie Young</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Jno Young</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Large Stroke</i>	How long <i>2 days</i>
Immediate <i>Heart failure</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Chappelen M.D.</i>
	Address <i>Hughesville Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Thomas H Butler

CERTIFICATE OF DEATH

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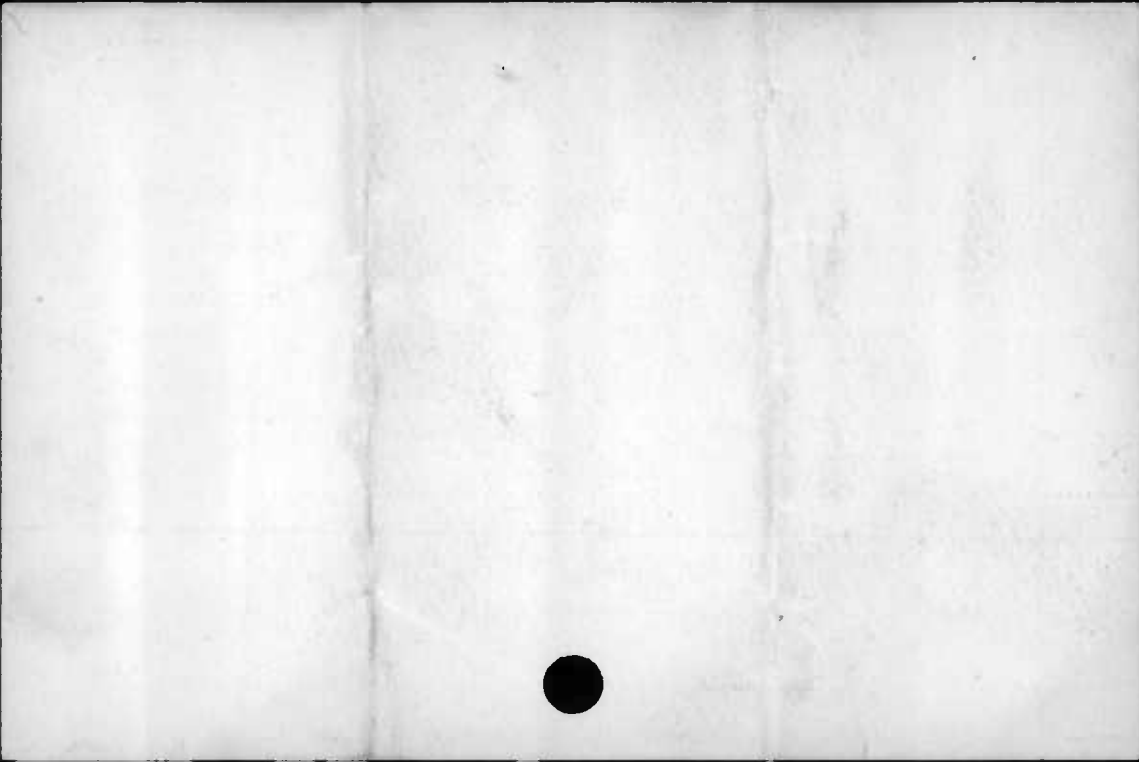
Died at <i>Bel Air</i>		Town <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sep</i>	Day <i>6</i>	Age	Years	Months <i>1</i>	Days	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth place <i>Charles Co</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Thom. B. Butler</i>				Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name <i>Mary Francis Clark</i>				Mother's Birthplace <i>Charles Co</i>			
Name of person giving information <i>Thom. B. Butler</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Low Vitality (Premature Birth)</i>	How long <i>Since Birth</i>
Immediate <i>Transition</i>	How long
Are the name, age, sex, color, date, and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Harrison</i>
	Address <i>Bel Air</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Agnes G. Chase

CERTIFICATE OF DEATH

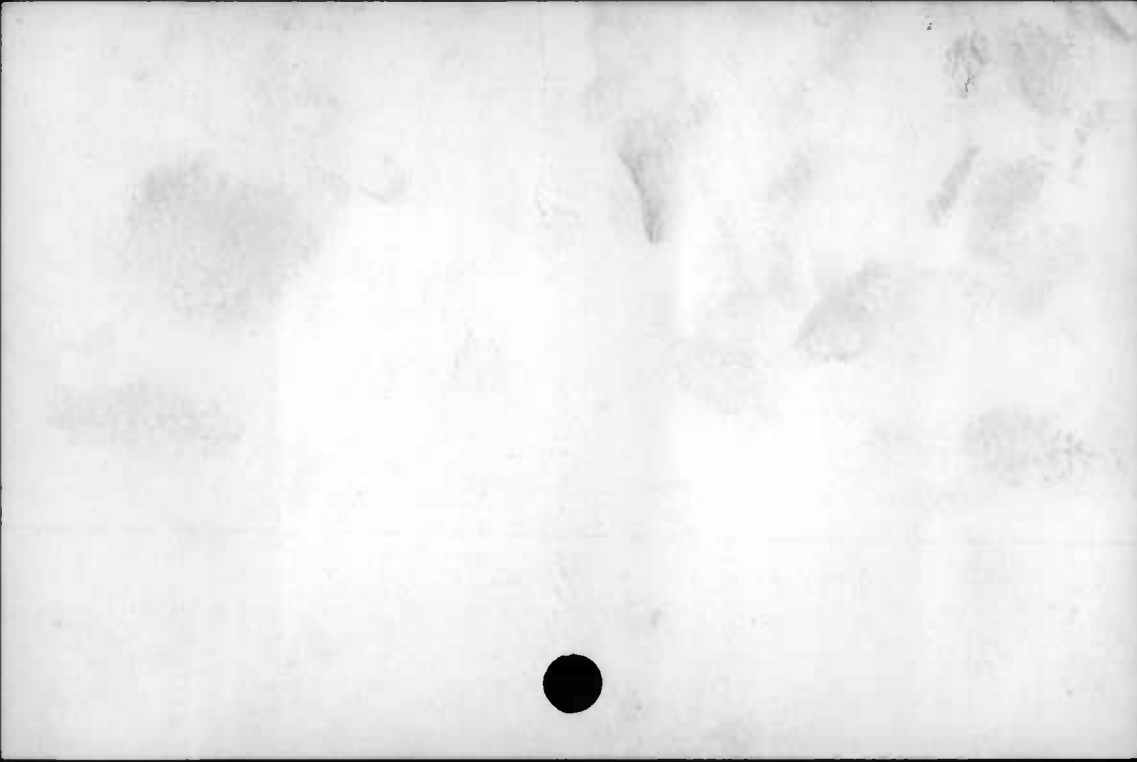
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		Town <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>25</i>	Age	<i>5</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Charles Co.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Frank Chase</i>			Father's Birthplace <i>Charles Co.</i>				
Mother's Maiden Name <i>Margaret Ford</i>			Mother's Birthplace <i>Charles Co.</i>				
Name of person giving information <i>Frank Chase</i>			How related to deceased <i>Father</i>				

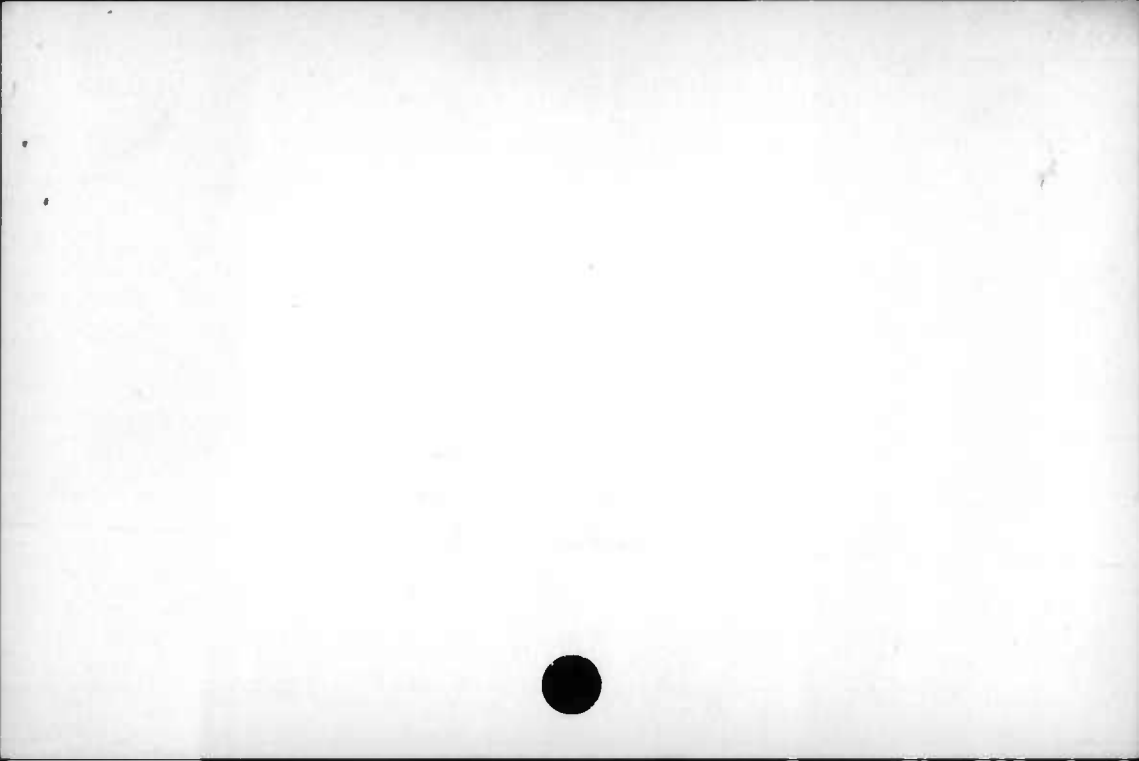
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Eutanasia</i>	How long	<i>4 weeks</i>
Immediate	<i>Broncho-Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. J. Edwards</i>	
		Address <i>Bel Air Md.</i>	
Accident or Suicide?			



Name in Full Carmer Nyson		Town Brownkey		County Chas		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month Sept		Day 10		Years 1		Months 1	
Sex Male		Color or Race White		Birth-place Winn		Days	
Occupation		Where Residing if not at place of death		Get place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Garrett Nyson		Father's Birthplace Tenn					
Mother's Maiden Name Rebeck Nison		Mother's Birthplace Tenn					
Name of person giving information Carmer Nyson		How related to deceased Widow					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH					
Primary Strangled from nursing.		How long 176					
Immediate Strangled		How long 2 hours					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John P. Marshall					
Address		Sub Reg					
Accident or suicide? Accidental.							



Name
in
Full

Henry Ford

CERTIFICATE OF DEATH

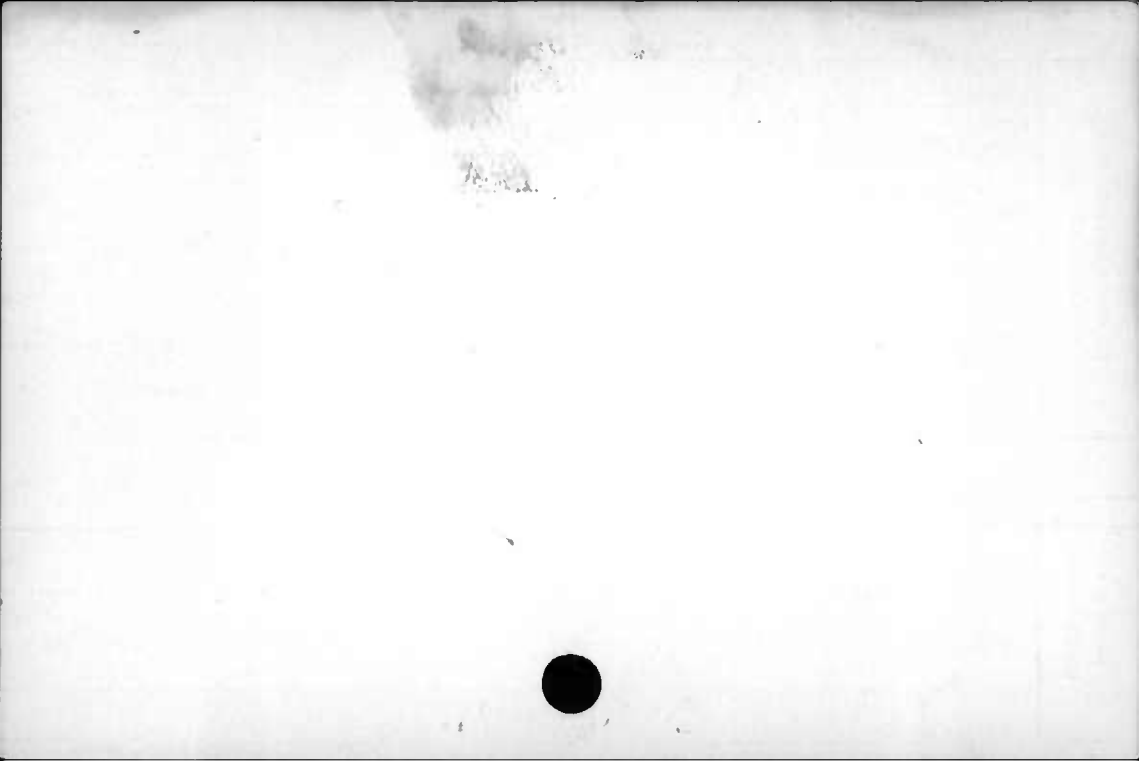
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hughesville</i> ^{Town}		<i>Lebanon</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept-</i>	Day	<i>23</i>
Age	<i>72</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birthplace	<i>Md</i>
Occupation	<i>Farming</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Margaret Ford</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>J.W. Mitchell</i>		How related to deceased	<i>Nephew</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sen Stroke</i>	<i>169</i>	How long	<i>2 weeks</i>
Immediate	<i>Heart-failure</i>		How long	<i>2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	<i>H.B. Choppard</i>	
		Address	<i>Hughesville Md.</i>	
Accident or Suicide? <i>9</i>				



Name
in
Full

Millard Greenfield

CERTIFICATE OF DEATH

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NEAREST FRIEND

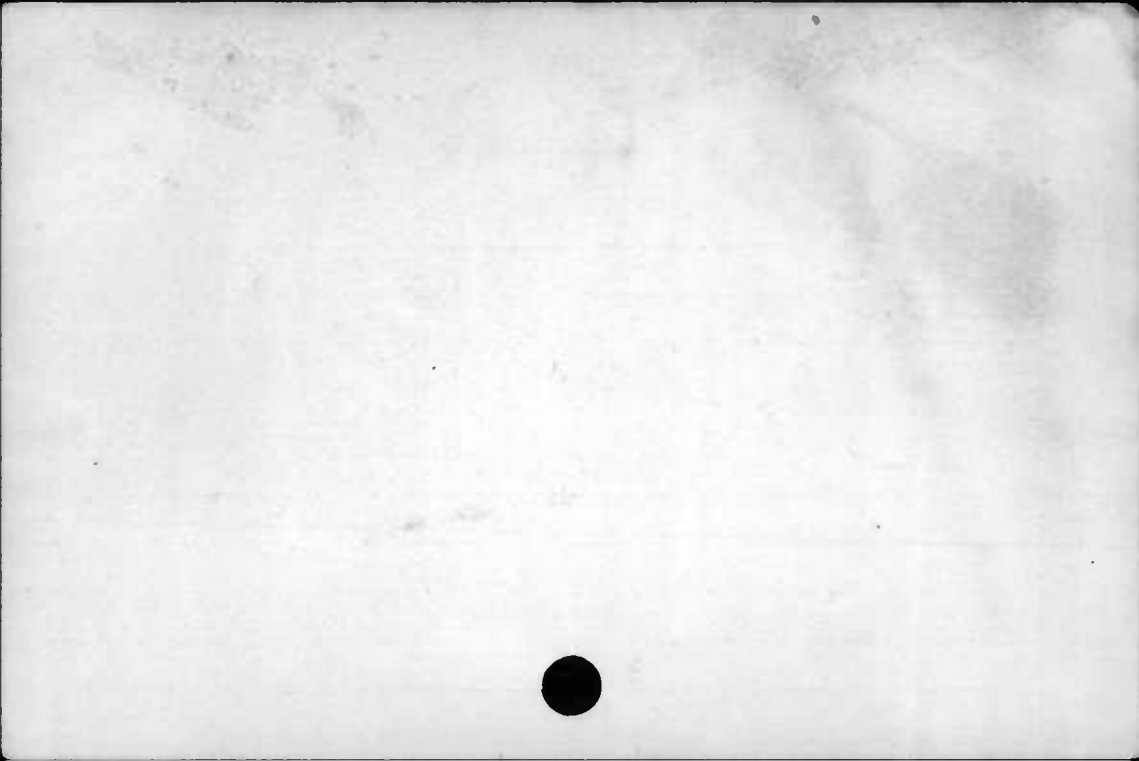
Died at <i>Nuggettville</i>		Town <i>Chas</i>		County		MARYLAND	
Date of death	1907	Month	9	Day	18	Age	Years
Sex <i>male</i>		Color or Race <i>colored</i>		Birthplace <i>Md. Gas. Co</i>		Months	
Occupation		Where Residing if not at place of death		Days			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Jas. Greenfield</i>		Father's Birthplace <i>Chas Co.</i>					
Mother's Maiden Name <i>Bettie Chas</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Jas Greenfield</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Calculus of the prostate</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>		Signature of Physician	
		Address <i>J H Chappelle</i>	
Accident or Suicide?		<i>Respect</i>	



Name
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Full

CERTIFICATE OF DEATH

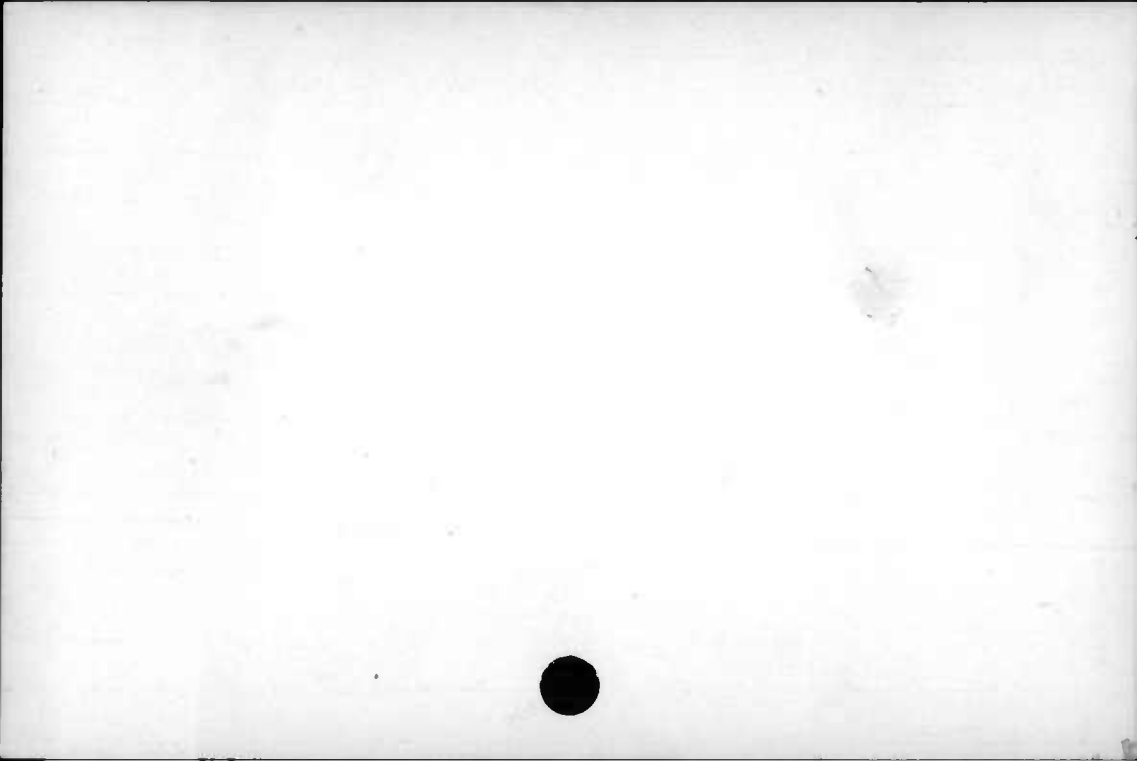
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Waldorf</i>		Town <i>Chas</i>		County		MARYLAND	
Date of death	1907	Month	9	Day	8	Age	—
Sex	Male		Color or Race	White		Birth-place	Norfolk
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Wm R. Hamilton					Father's Birthplace	Chas Co
Mother's Maiden Name	Maggie A. Snook					Mother's Birthplace	P. G. "
Name of person giving information	Wm R. Hamilton					How related to deceased	Farther

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malassimilation</i>	How long	<i>131</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>None in attendance</i>
		Address	<i>J. M. Milkenson</i>
			<i>Sub Presy</i>
Accident or Suicide?	<i>2</i>		



Name
in
Full

Warren Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

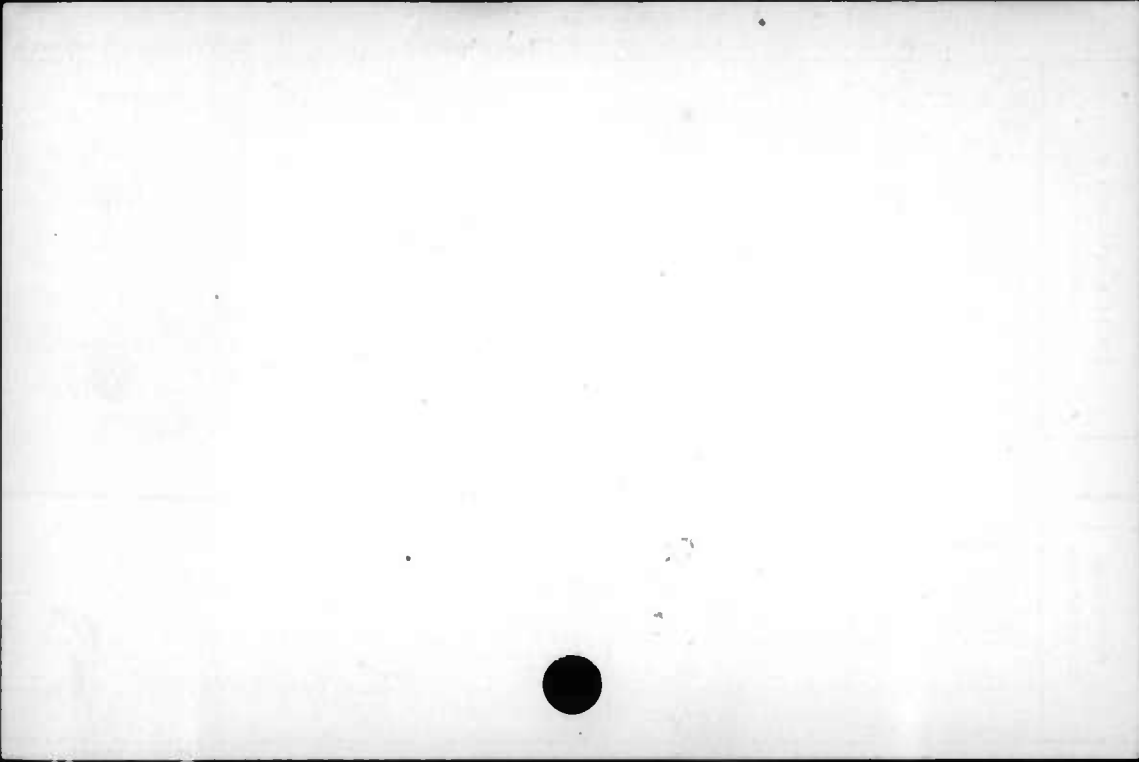
Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Chesapeake</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>8</i>	Day <i>8</i>	Age <i>57</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth place <i>Ind</i>			
Occupation <i>Laborer on farm</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary Ford</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Frank Hawkins</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>2 mo</i>
Immediate <i>hemiparesis</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
<i>[Signature]</i>	Address <i>[Signature]</i>
Accident or Suicide?	<i>Ind</i>



Name
in
Full

Charles Robert Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Needport* Town*Charles* County

MARYLAND

Date of death *1907* *Sept* Month

Day

Age *69* Years

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Ind*

Occupation

*Dancer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Sarah Rebecca Johnson*Father's
Name*Le P. Johnson*Father's
Birthplace*Ind*Mother's
Maiden Name*Maria Goodrich*Mother's
Birthplace*Not given*Name of person giving
Information*John Johnson*How related
to deceased*Son*

CAUSES OF DEATH

66PHYSICIAN
OR CORONER

Primary

Paralysis

How long

10 Mos.

Immediate

Asphyxia et Cardiac Crisp

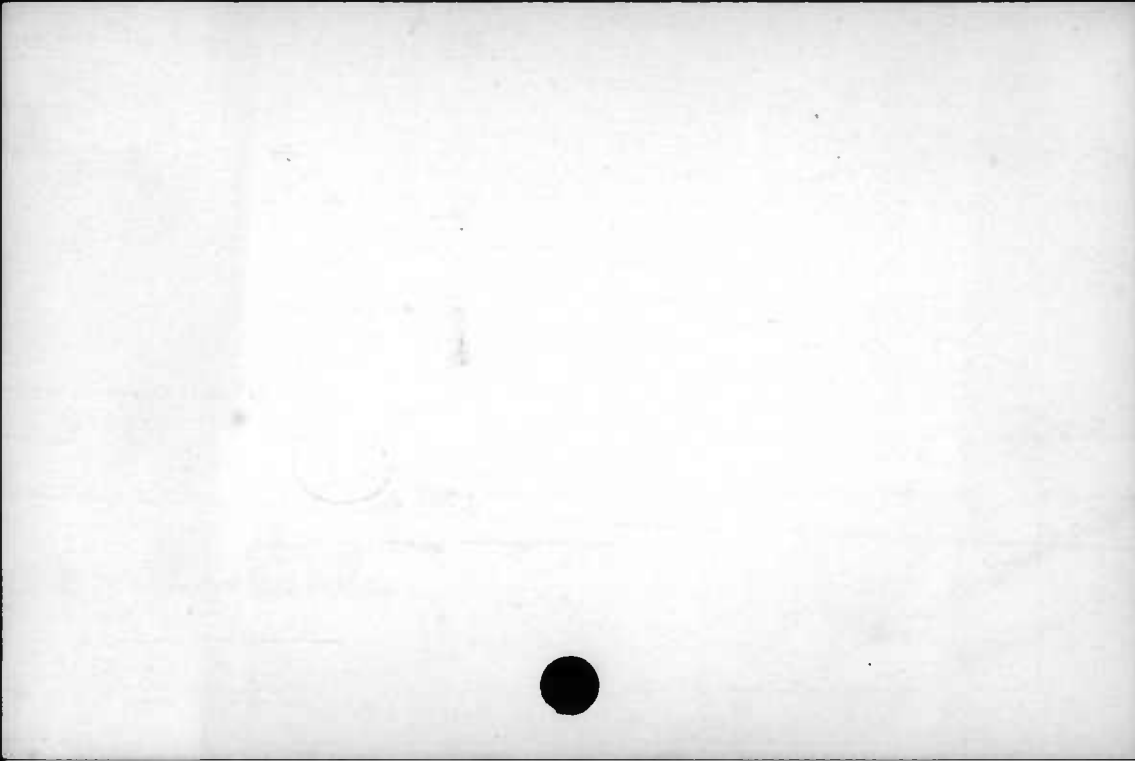
How long

*about 2 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*C. A. Cecil*

Address

Wicomico Ind.

Accident or Suicide?



Name
in
Full

William Fred Trach

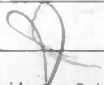
CERTIFICATE OF DEATH

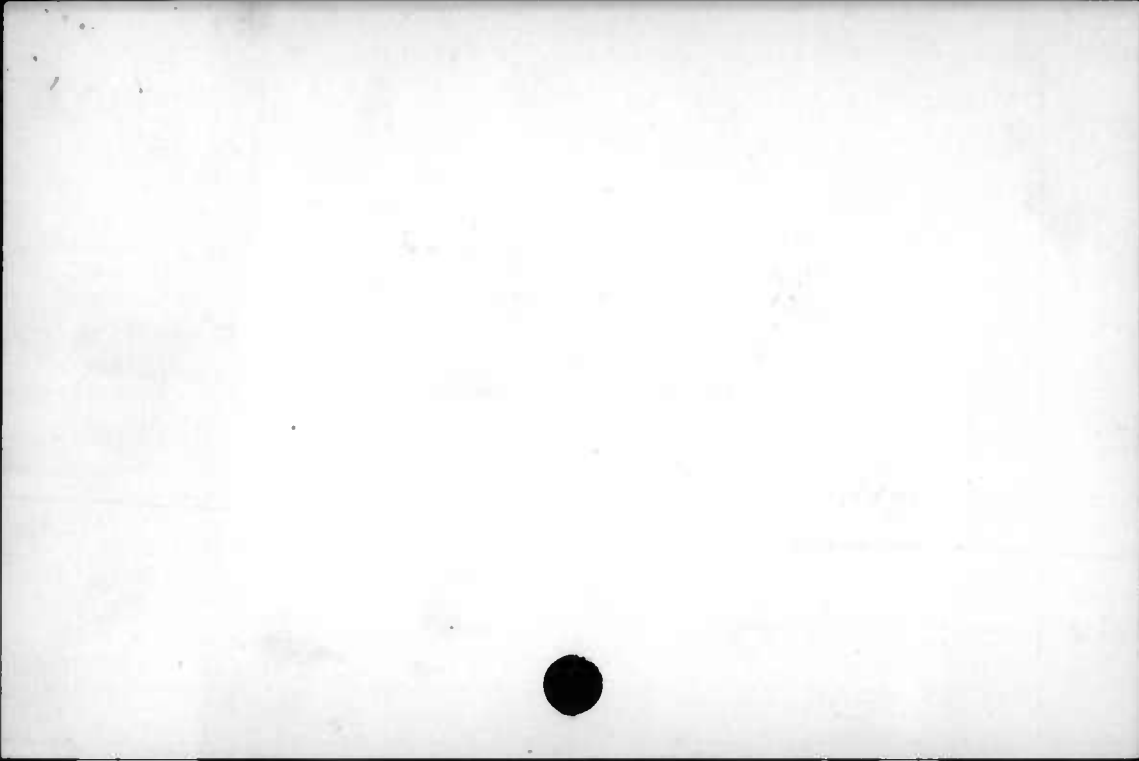
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pottsville		County Ches		MARYLAND	
Date of death	190	Month Sept	Day 5	Age	Years	Months	Days 3/10
Sex	Male		Color or Race	Dark		Birth- place	Ind
Occupation				Where Residing if not at place of death at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Robert Lee Trach				Father's Birthplace	Ind	
Mother's Maiden Name	Addie O Dwyer				Mother's Birthplace	Ind	
Name of person giving In formation	Robert Lee Trach				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	179
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address Sub Reg
Accident or Suicide?		



Name
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CERTIFICATE OF DEATH

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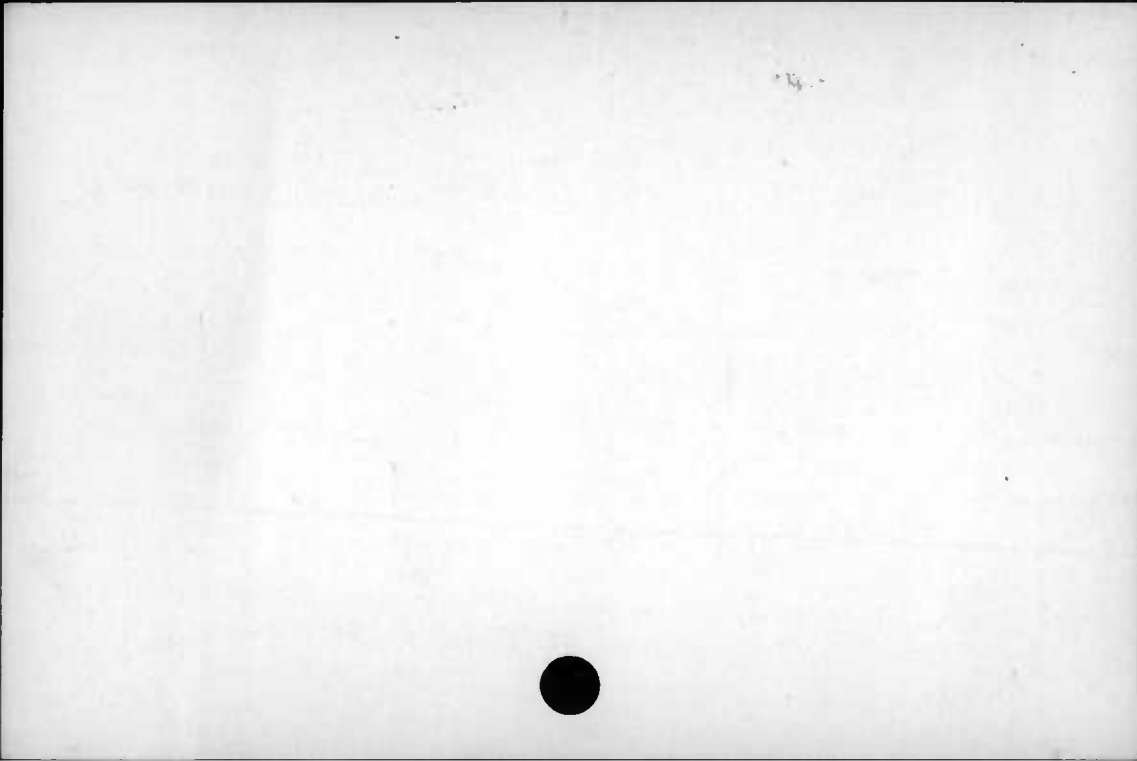
Died at <i>near White Plains</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>near White Plains</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Marshall</i>			Father's Birthplace <i>White Plains Ind.</i>		
Mother's Maiden Name <i>Eliza Thomas</i>			Mother's Birthplace <i>Chas Co</i>		
Name of person giving information <i>Samuel Marshall</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>7 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>No doctor in attendance</i>
<i>J</i>	Address <i>R. Hampton Cox</i>
Accident or Suicide? <i>—</i>	<i>La Plata Ind. Sub. Reg</i>



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

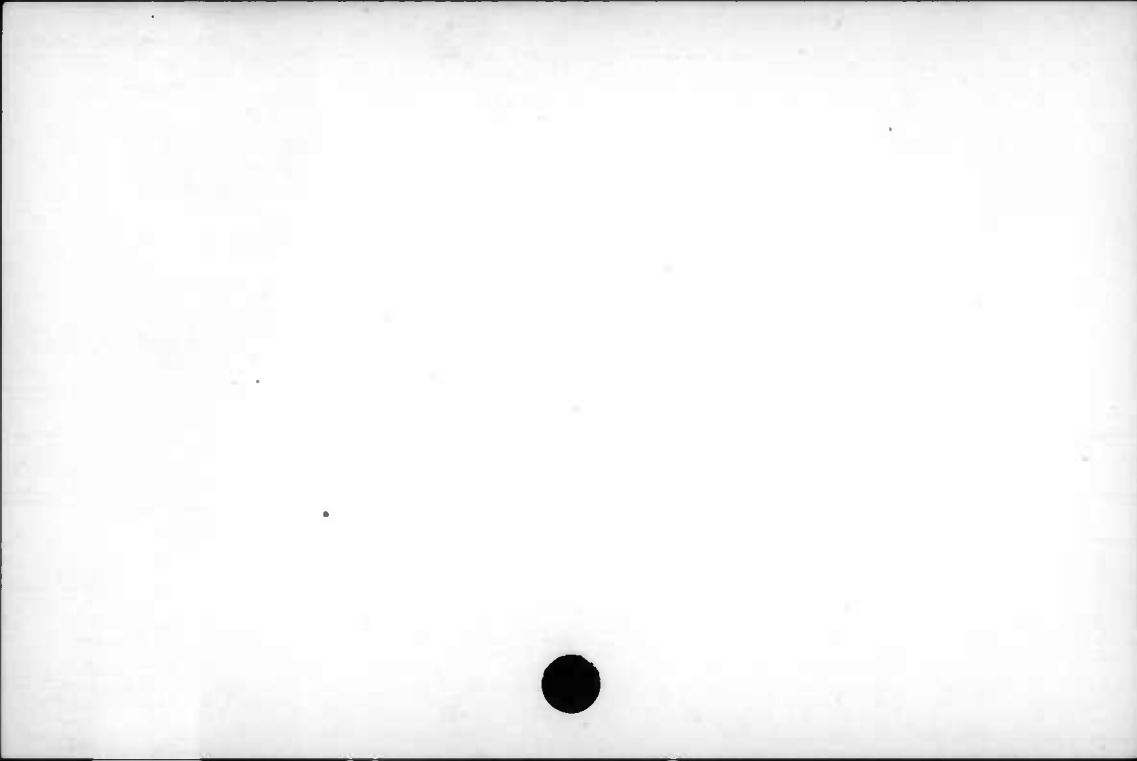
Died at <i>Joseph Middleton</i>		Town <i>Newport</i>		County <i>Chas</i>		MARYLAND	
Date of death	1907	Month	Sept-	Day	16	Age	Years
Sex	Male	Color or Race	Colored	Birth-place	Charles	Months	5
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	John Middleton			Father's Birthplace			
Mother's Maiden Name	Mary Ford			Mother's Birthplace			
Name of person giving information	John Middleton			How related to deceased			
				Father			

CAUSES OF DEATH

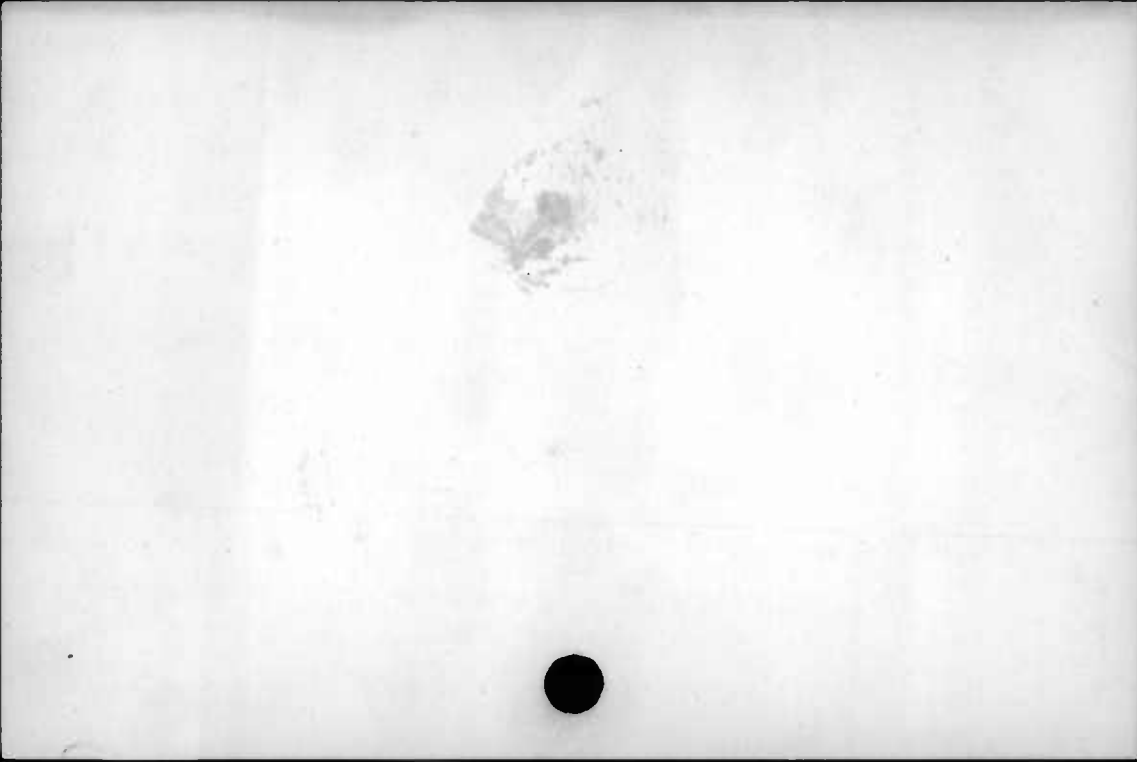
179

PHYSICIAN
OR CORONER

Primary	<i>Not Known</i>		How long	<i>Two weeks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		W. Syalis		
		Address		
		Rt 1		
		Wicomico Md		
Accident or Suicide?				



Name in Full Matilda Mitchell		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Bel Air Town		Charles County
	Date of death 1907 Month Sept Day 2		Age 72 Years Months Days
	Sex Female	Color or Race African	Birth-place Charles C.
	Occupation Housewife	Where Residing if not at place of death	
	Married, Single or Widowed Married	Name of Wife or Husband Richard Thomas Mitchell	
	Father's Name John Jackson	Father's Birthplace Charles C.	
	Mother's Maiden Name Mary Ann Mathews	Mother's Birthplace Charles C.	
	Name of person giving information Evergana Jenkins	How related to deceased Daughter	
		CAUSES OF DEATH	
		79	
PHYSICIAN OR CORONER	Primary Canceroma & Cardiac dil.	How long 2 years	
	Immediate Cardiac Failure	How long 1 month	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Effner	
		Address Bel Air Md	
	Accident or Suicide? No		



Name
in
Full

Mary Helen Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

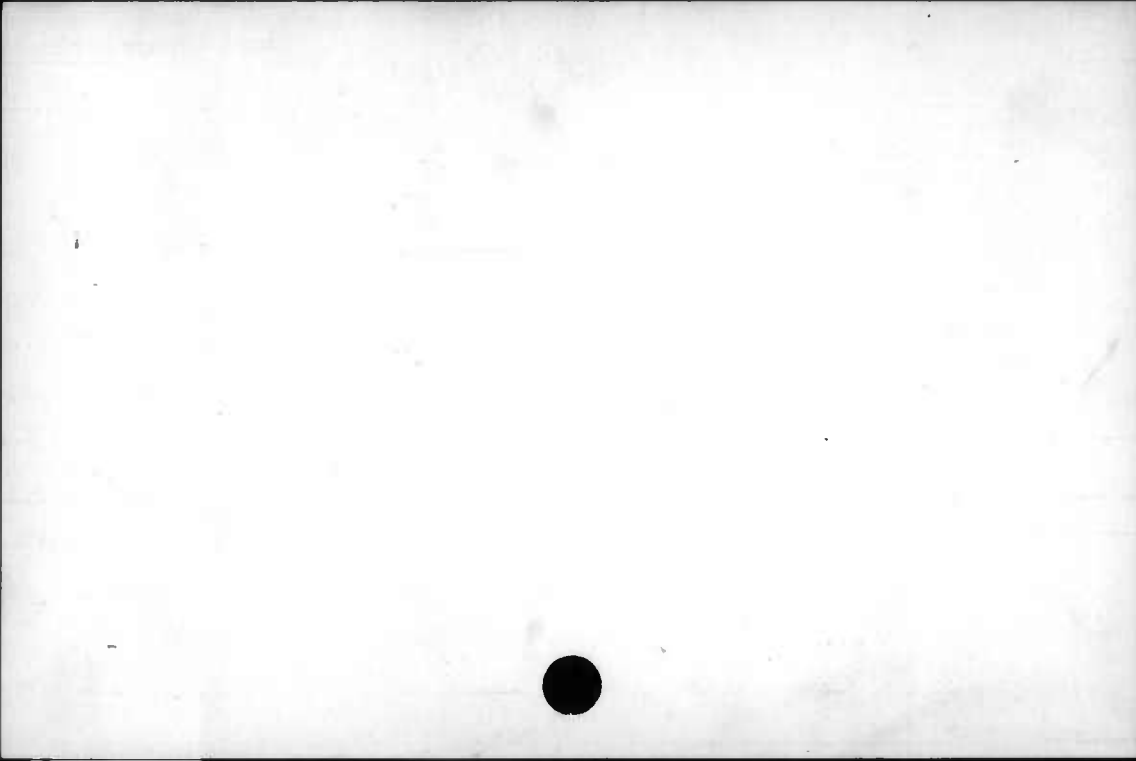
Died at <i>Char Ripley</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>15</i>	Age <i>14</i> ^{Years}	Months <i>5</i> ^{Months} Days <i>13</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Mulatto</i>		Birth-place <i>Chas - Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Tom Neal</i>			Father's Birthplace <i>Chas - Co</i>		
Mother's Maiden Name <i>Catherine Queen</i>			Mother's Birthplace <i>Chas Co</i>		
Name of person giving Information <i>Bob Queen</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Congenital bowel trouble</i>	How long	<i>From birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. T. Diggs</i>	
		Address <i>Port Tobacco</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

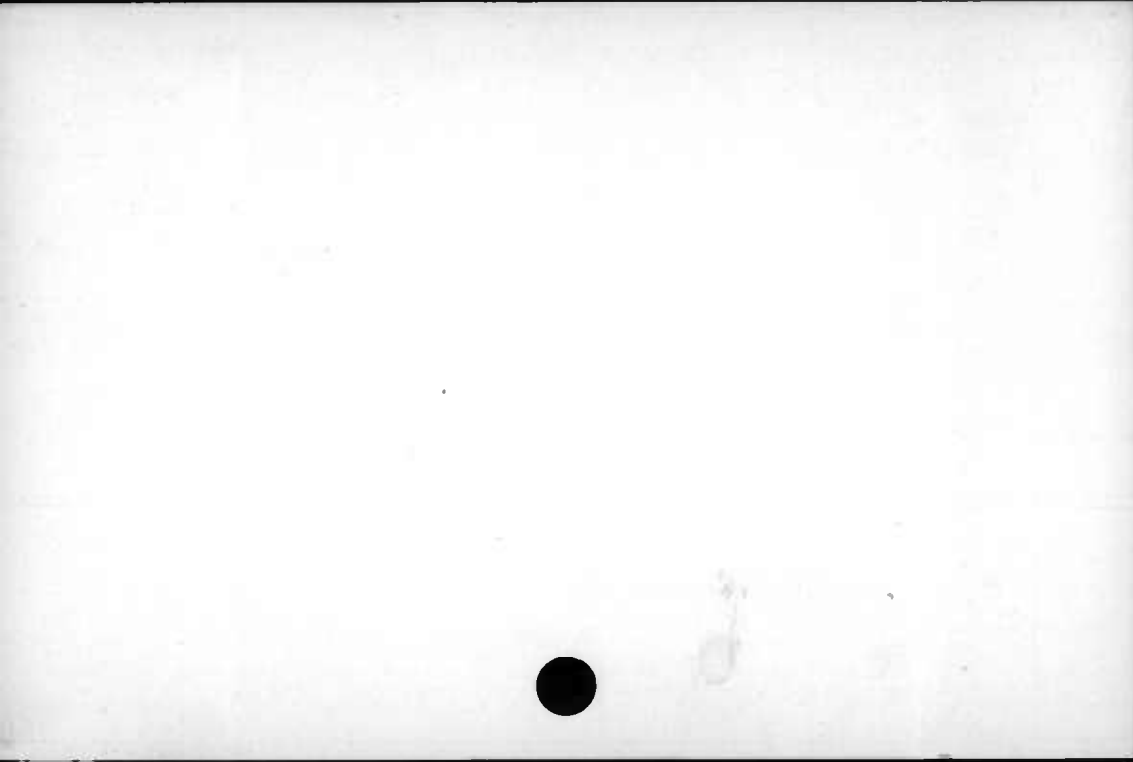
Died at <i>Marshall Hall</i> ^{Town}		<i>Chas</i> ^{County}		MARYLAND	
Date of death	<i>190</i> ^{Year}	<i>12</i> ^{Month}	<i>25</i> ^{Day}	Age	<i>2</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation				Where Residing if not at place of death	<i>at place of death</i>
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>John T. Penn</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary E. Heary</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>John T. Penn</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Coronary</i>	How long	<i>2 months</i>
Immediate	<i>Coronary</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John P. Marshall</i> Address <i>Sub Reg</i>		
Accident or Suicide?	<i>9</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perry</i> Town <i>Chesapeake</i> County		MARYLAND	
Date of death <i>1907 Sept 10</i>	Month <i>Sept</i> Day <i>10</i>	Age <i>58</i>	Years <i>58</i> Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>	
Occupation <i>Laborer at Gov. Work</i>	Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella Penny</i>		
Father's Name <i>Wm Penny</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Turner</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wm Penny</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Two weeks</i>
Immediate <i>Perforation of bowel</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Mitchell</i>
	Address <i>Perry Ind</i>
Accident or Suicide? <i>No</i>	

~ d .



Name
In
Full

Philip D. Pilkerton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

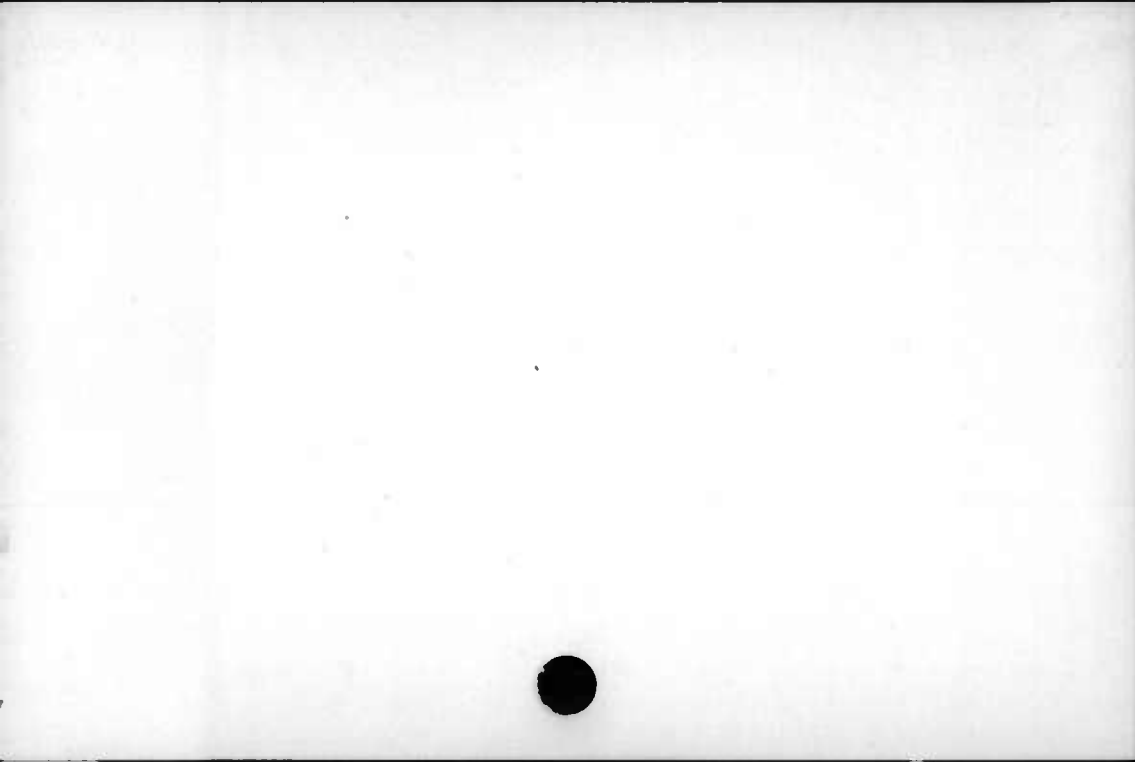
Died at <i>Spring Hill</i>		Town <i>Charles</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Sept</i>	Day <i>2</i>	Age <i>33</i>	Years <i>33</i>	Months <i>5</i>	Days <i>-</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>St Marys Co</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Joseph C Pilkerton</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Mary E Davis</i>		Mother's Birthplace <i>St Marys Co</i>					
Name of person giving information <i>Wm C Pilkerton</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>about 12 mos.</i>
Immediate <i>General exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen M.D.</i>
<i>[Signature]</i>	Address <i>La Plata, Md.</i>
Accident or Suicide? <i>No</i>	<i>[Signature]</i>



Name
in
Full

Leslie Thaddeus Robles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

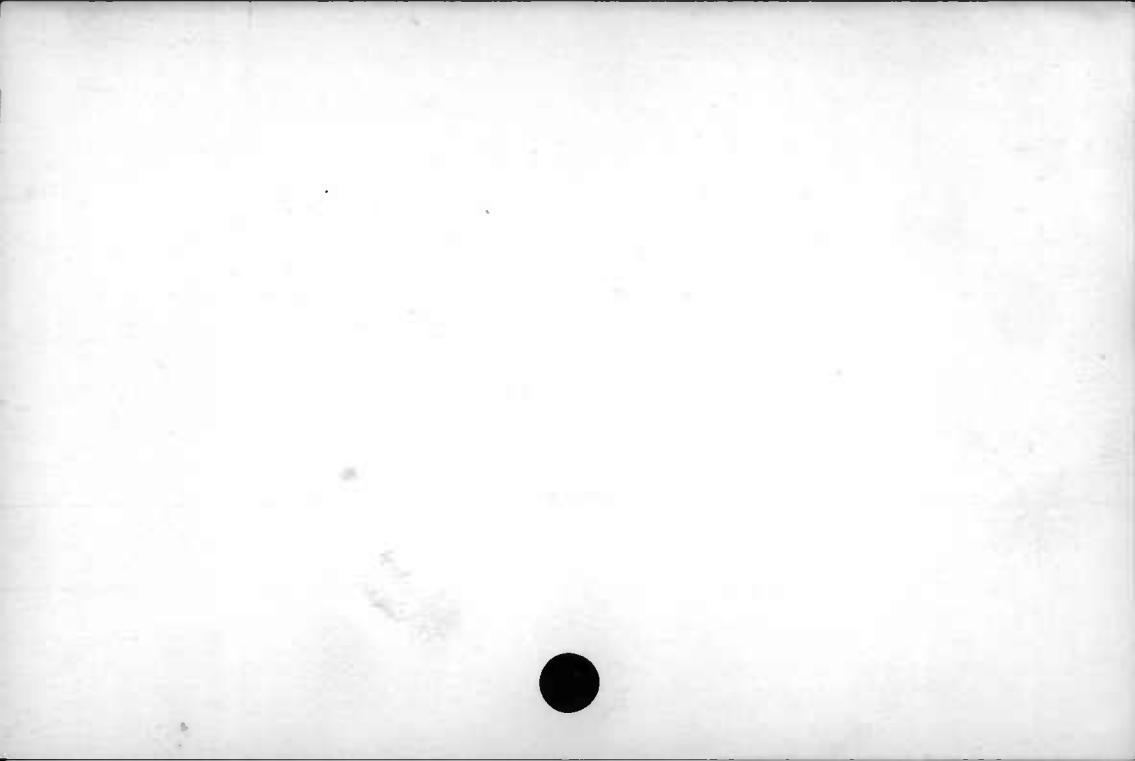
Died at <i>San Bernardino</i>		Town <i>San Bernardino</i>		County <i>Chandler</i>		MARYLAND	
Date of death	1907	Month	Sept-	Day	10	Age	Years — Months 11 Days 5
Sex	Male		Color or Race	White		Birth-place	Chandler Co. Ind
Occupation	—			Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	<i>Arthur Robles</i>					Father's Birthplace	<i>Chandler Co. Ind</i>
Mother's Maiden Name	<i>Mary Berry</i>					Mother's Birthplace	<i>Chandler Co. Ind</i>
Name of person giving information	<i>Harry C. Robles</i>					How related to deceased	<i>Brother</i>

CAUSES OF DEATH

(60)

PHYSICIAN
OR CORONER

Primary	<i>leucitis</i>	How long	<i>20 day</i>
Immediate	<i>Stomach</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>J. C. Morrow</i>		
Address	<i>Wadsworth</i>		
Accident or Suicide?	<i>Yes</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Jane Roby</i>		Town <i>Bell Alton</i>		County <i>Charles</i>		MARYLAND	
Died at <i>7 Bell Alton</i>		Month <i>Sept</i>		Day <i>29</i>		Age <i>41</i>	
Date of death <i>1907</i>		Years <i>4</i>		Months <i>19</i>		Days	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Charles Co</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Peter W. Roby</i>		Father's Birthplace <i>Charles Co</i>					
Mother's Maiden Name <i>Elizabeth C. Middledix</i>		Mother's Birthplace <i>Charles Co</i>					
Name of person giving information <i>Isabel Thompson</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>7 months</i>
Immediate <i>Exhaustion (Inkribial Tub.)</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. H. H. H.</i>
	Address <i>Bell Alton Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Mary Mastalia Savoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grayton</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>September</i>	Day	<i>4</i>
Age		Years	Months		Days
<i>22</i>					
Sex	<i>Female</i>	Color or Race	<i>Black</i>		Birth-place
<i>Grayton Md</i>					
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Thomas Savoy</i>		Father's Birthplace		
<i>not known</i>		<i>Md</i>			
Mother's Maiden Name	<i>Maggie Hankins</i>		Mother's Birthplace		
<i>Md</i>					
Name of person giving information	<i>Frank Thomas</i>		How related to deceased		
<i>son</i>					

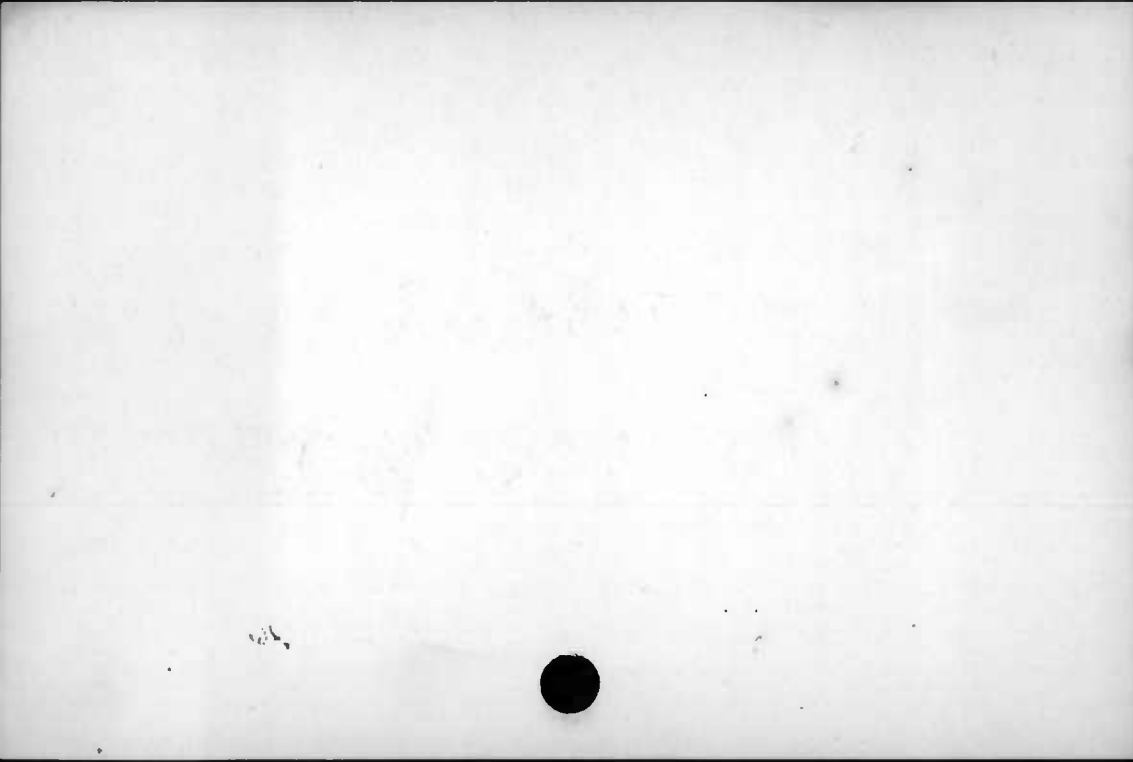
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cold - deep</i>	How long	<i>5-10 days</i>
Immediate	<i>cold.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>James M. Wheeler</i>
Sub-registrar states this is	<i>correct.</i>	Address	<i>Sub-Registrar - Grayton, Md</i>
Accident or Suicide?	<i>correct.</i>		



Name in Full		Certificate of Death			
Sallie Thomas		Town Dorceaster		County Chancery	
Died at		MARYLAND			
Date of death	1907	Month Sept	Day 4	Age 17	Years Months Days
Sex	male	Color or Race	Black	Birth- place	Dorceaster, Md.
Occupation	Farm work		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Benjamin Thomas		Father's Birthplace	Dorceaster, Md.	
Mother's Maiden Name	Mary Thomas		Mother's Birthplace	Md.	
Name of person giving Information	Carlton Thomas		How related to deceased	Brother	
Abdominal pains from Eating spoiled meat		CAUSES OF DEATH			
Primary		Cramps		How long 1 day	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician none	
				Address James M. Wheeler Sub-Registrar Grayton Md.	
Accident or Suicide?					



Name
in
Full

Virginia Thomas
La Plata Town

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

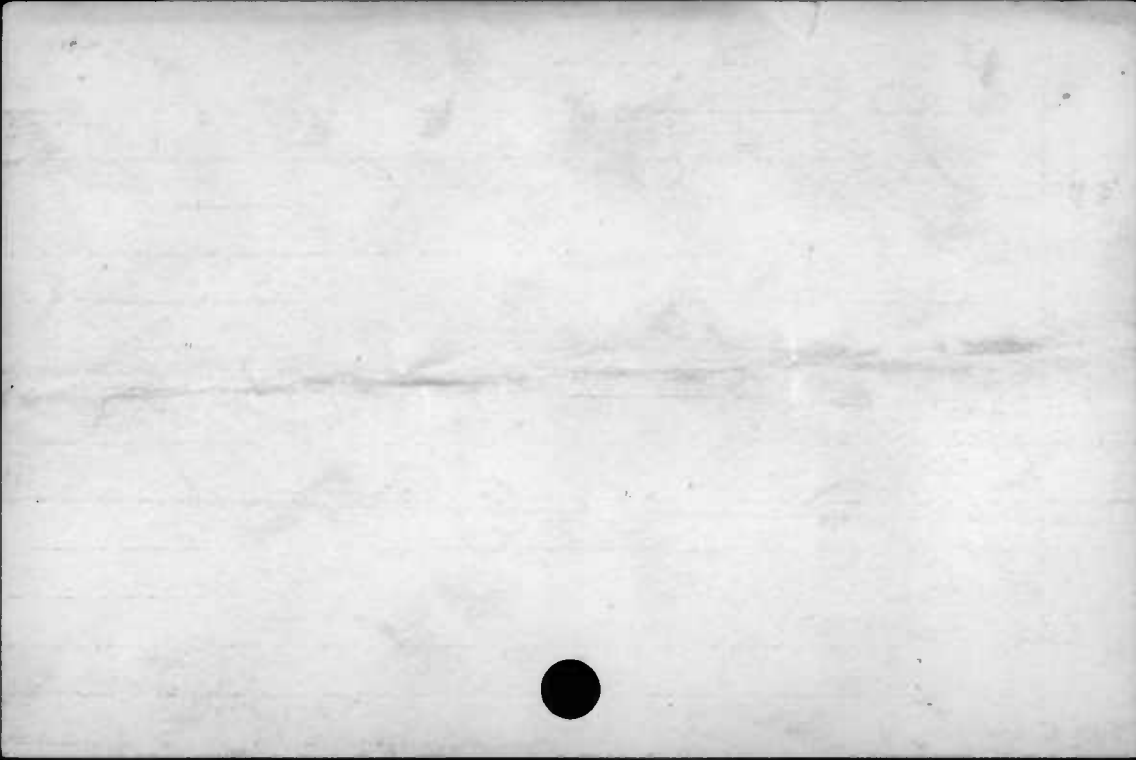
Died at		County			
Date of death 190		Month	Day	Age	Months
7 9		23	30		
Sex	Female	Color or Race	Colored	Birthplace	md
Married, Single or Widowed	m	Occupation	Writer		
Name of Wife or Husband	John W Thomas				
Father's Name	Fill Smith			Father's Birthplace	md
Mother's Maiden Name	Levia Smith			Mother's Birthplace	md
Name of person giving information	John W Thomas			How related to deceased	Husband

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	Inflammatory Phthisis Syphilis 2 years	How long	
Immediate	Cerebrum Heart Disease 3 days	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Sign L. Hamlin
		Address	La Plata md.
Accident or Suicide?			



Name
in
Full

Moses Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

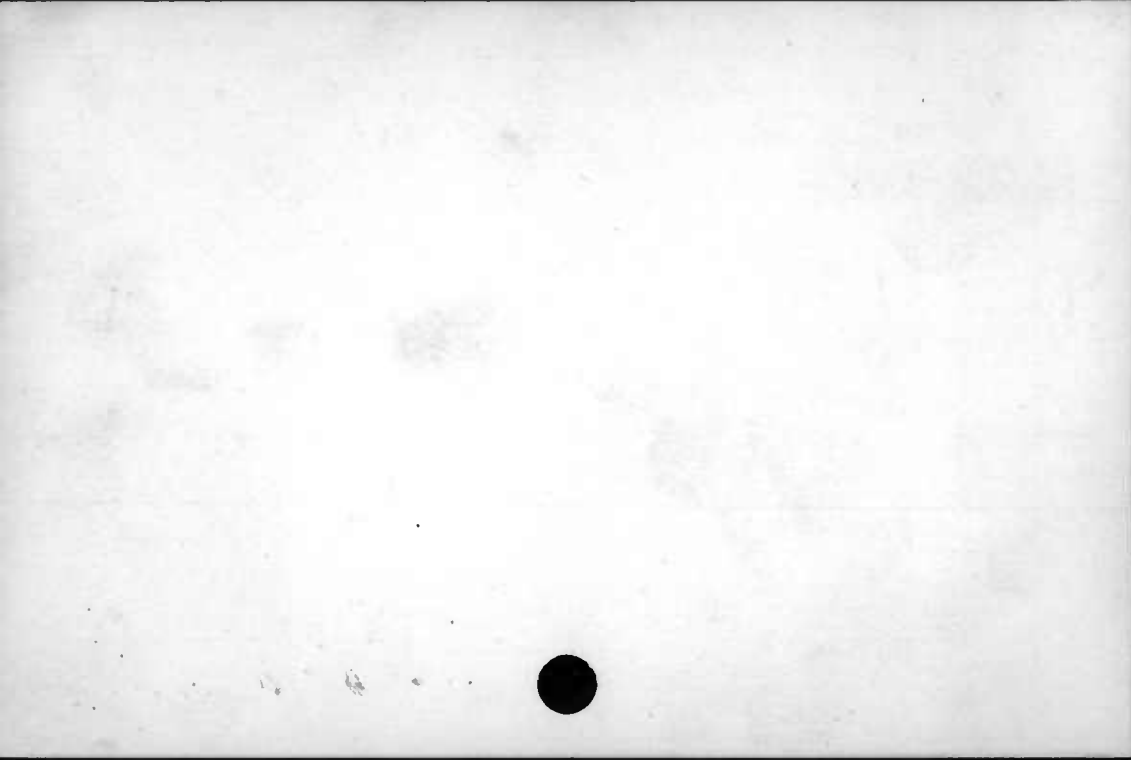
Died at <i>Pisgah</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Sep</i> <small>Month</small>		<i>3</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>28</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>collard</i>	Birth-place <i>Charles Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>J Moses Thompson</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Florence Wilson</i>		Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>J Moses Thompson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>6 weeks</i>
Immediate <i>Granitic. Meningeal complications</i>	How long <i>2 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. G. Bicknell, M.D.</i>
	Address <i>Pisgah, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Tibbs. Infant. Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

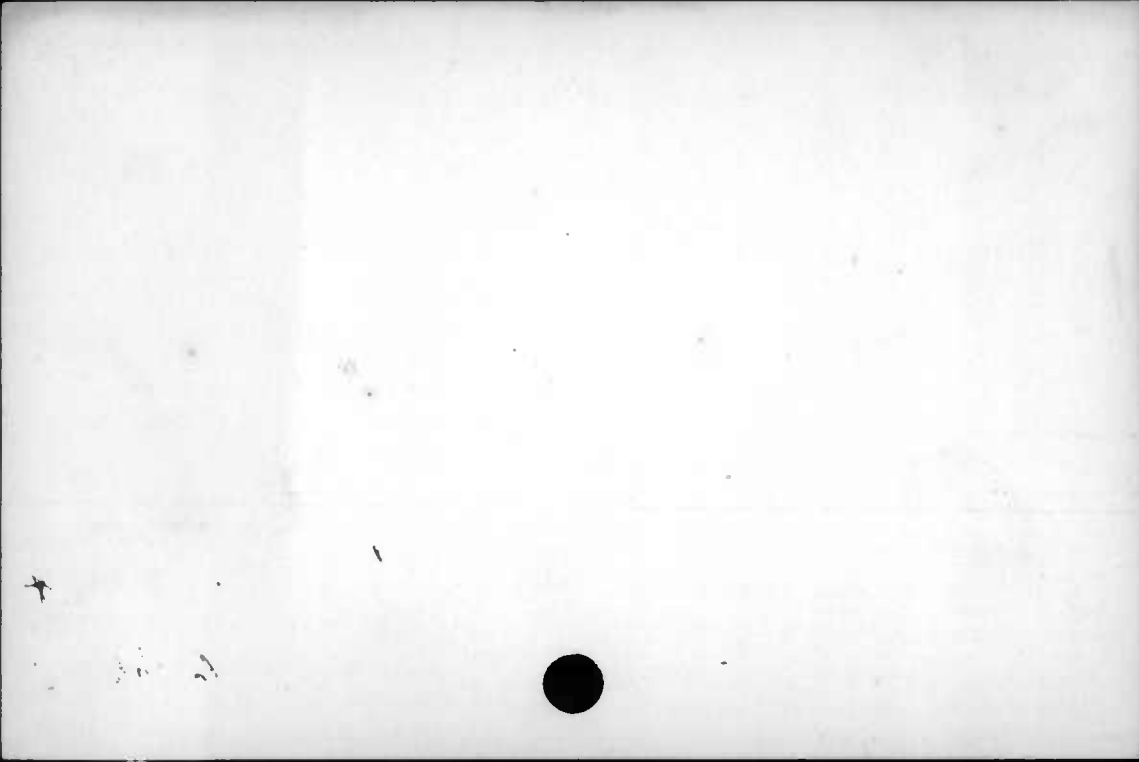
Died at <u>River Side</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>September</u>	Day <u>8</u>	Age <u>—</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single <u>—</u> or Widowed			Name of Wife or Husband <u>—</u>		
Father's Name <u>Frank Tibbs</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Henretta Tolson</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Frank Tibbs</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>S.H. Speak</u>
		Address <u>Grayton</u>
Accident or Suicide? <u>—</u>		<u>Ind</u>



Name
in
Full

CERTIFICATE OF DEATH

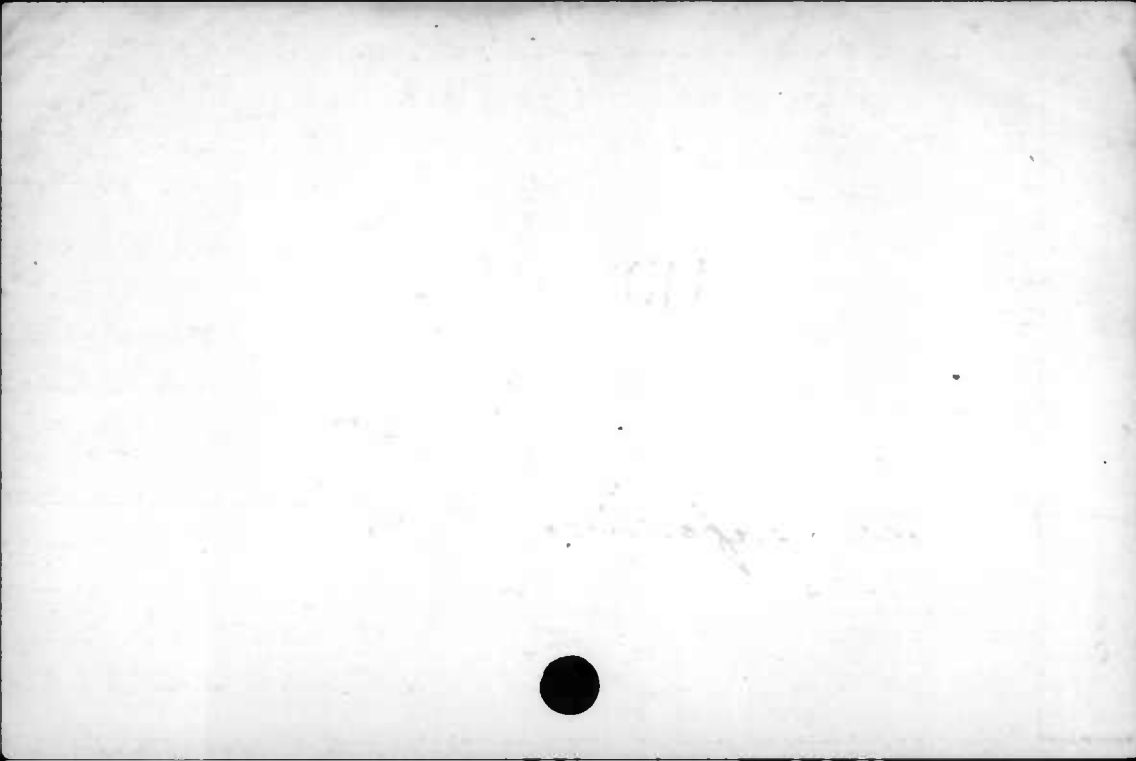
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Maud Williams</i>		Town <i>Benedict</i>		County <i>Chas</i>		MARYLAND	
Died at		Month <i>9</i>		Day <i>11</i>		Years <i>22</i>	
Date of death <i>1907</i>		Age <i>22</i>		Months <i>3</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Benedict</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Wm Williams</i>					
Father's Name <i>Wm B. Peterson</i>		Father's Birthplace <i>Benedict</i>					
Mother's Maiden Name <i>Maggie M.</i>		Mother's Birthplace <i>"</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

27PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>2 yrs</i>
Immediate	<i>Heart failure</i>	How long	<i>1 da</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Just H. Kappeler</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ruth H. Williams

Town

County

MARYLAND

Died at *Rison*

Date

of death *1907*

Month

Sept.

Day

1

Age

Years

3

Months

3

Days

25

Sex

*Female*Color or
Race*American*Birth-
place*Rison, Md.*

Occupation

*None*Where Residing if not
at place of death*None*Married, Single
or Widowed*Single*Name of Wife or
Husband*None*Father's
Name*Joseph Williams*Father's
Birthplace*Washington D.C.*Mother's
Maiden Name*Battie L. Southland*Mother's
Birthplace*Charles Co. Md.*Name of person giving
In formation*Battie Williams*How related
to deceased*Mother.*

CAUSES OF DEATH

151PHYSICIAN
OR CORONER

Primary

Moraeus

How long

3 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Geo. C. Bicknell*

Address

Piqa, Md.

Accident or Suicide?

None

